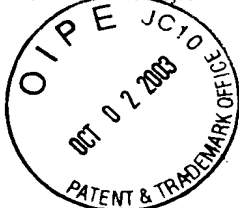


# FEE TRANSMITTAL

## for FY 2003

Patent fees are subject to annual revision.



### Complete if Known

Application Number **09/886,730**

Confirmation Number **6712**

Filing Date **June 21, 2001**

First Named Inventor **JOHN J. CURRO**

Examiner Name **J. L. Befumo**

Group/Art Unit **1771**

Attorney Docket No. **8594**

TOTAL AMOUNT OF PAYMENT (\$)**1,120.00**

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **16-2480**Deposit Account Name **The Procter & Gamble Company**

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

### FEE CALCULATION

#### 1. BASIC FILING FEE - Large Entity

Code (\$)	Fee Description	Fee Paid
101 740	Utility filing fee	<input type="checkbox"/>
106 330	Design filing fee	<input type="checkbox"/>
108 740	Reissue filing fee	<input type="checkbox"/>
114 160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$)☐

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/>	<input type="checkbox"/>	= <input type="checkbox"/>

Independent Claims ☐ - 3\*\* = ☐ x ☐ = ☐Multiple Dependent ☐ = ☐

\*\* or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
103 18	Claims in excess of 20
102 84	Independent claims in excess of 3
104 280	Multiple dependent claim, if not paid
109 84	**Reissue independent claims over original patent
110 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)☐

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
105 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139 130	Non-English specification	<input type="checkbox"/>
147 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
112 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115 110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>
116 410	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/>
117 930	Extension for reply within 3 <sup>rd</sup> month	<input checked="" type="checkbox"/>
118 1,440	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>
128 1,960	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>
119 320	Notice of Appeal	<input type="checkbox"/>
120 320	Filing a brief in support of an appeal	<input type="checkbox"/>
121 280	Request for oral hearing	<input type="checkbox"/>
138 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140 110	Petition to revive - unavoidable	<input type="checkbox"/>
141 1,280	Petition to revive - unintentional	<input type="checkbox"/>
142 1,280	Utility issue fee (or reissue)	<input type="checkbox"/>
143 460	Design issue fee	<input type="checkbox"/>
122 130	Petitions to the Commissioner	<input type="checkbox"/>
123 50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
126 180	Submission of Information Disclosure Statement	<input checked="" type="checkbox"/>
146 740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149 740	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
179 740	Request for Continued Examination (RCE)	<input type="checkbox"/>
169 900	Request for expedited examination of a design application	<input type="checkbox"/>
091 1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
	Other fee (specify) _____	<input type="checkbox"/>
	Other fee (specify) <u>Statutory Disclaimer (\$110.00)</u>	<input checked="" type="checkbox"/>

\* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)**1,220**

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	<b>Angela Marie Stone</b>	Registration No.	<b>41,335</b>
Signature	<i>Angela Marie Stone</i>	Telephone	<b>(513) 634-9397</b>
		Date	<b>September 29, 2003</b>